PTC/SB/06 (12-04)
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										Application or Docket Number		
APPLICATION AS FILED - PART I (Column 1) (Column								SMALL	ENTITY	OR	OTHER THAN SMALL ENTITY	
	FOR NUMBER			SER FILEC	NUA	NUMBER EXTRA			FEE (\$)]	RATE (\$)	FEE (\$)
BASIC FEE: (37 CFR 1.16(a), (b), or (c))			•			•	1	RATE (5)		1		210
	ARCH FEE CFR 1.16(4), (1), or	(m)) ·					1			1		
EXAMINATION FEE (37 CFR 1.16(a), (p), or (q))						,	1			1		
TOTAL CLAIMS (37 CFR 1.16(i))			20	minus	n - 1	. 17		x =	-	OR	V 18	220
INDEPENDENT CLAIMS			A	minus		. 3				٠x		مريد
If the specification and					n and drawing	s exceed 100	1	X =		l	× XO =	140
API FEE	PLICATION SIZE		sheets of paper, the applic is \$250 (\$125 for small en			size fee due or each						
(37 CFR 1.16(s))			additiona	ıl 50 sihe	ets or fraction	fraction thereof. See		1		•		
35 U.S.C. 41(a)(1)(G) and 37 CFR 1. MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						FK 1.10(8).	1					
* If the difference in column 1 is less than zero, enter "O" in column 2.								TOTAL	 		TOTAL	212/2
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APPLICATION AS AMENDED - PART II												
8-25 (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR ,	SMALL	
ENDMENT A		REMA	aims Aining		HIGHEST NUMBER	PRESENT		RATE (\$)	ADOI-		RATE (\$)	ADDI-
			TER DMENT		PREVIOUSLY PAID FOR	EXTRA			TIONAL FEE (\$)			TIONAL FEE (\$)
	Total (37 CFR 1.16(1))	<u>:</u> @	<u>57 </u>	Minus	3		IJ	х =		QR	x =	
	Independent (27 CFR 1.16(N))	2	<u> </u>	Minus		-	₽	x =		ÓR	х =	
AME	Application Size Fee (37 CFR 1.16(s))								•			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(ii))									OR		
								TOTAL ADO'L FEE	•	OR	TOTAL ADO'L FEE	
	·	(Colum			(Column 2)	(Column 3)		•				
8		CLA REMA	INING		HIGHEST NUMBER	PRESENT		RATE (S)	ADOI+		RATE (\$)	ADDI-
		AFT AMENT			PREVIOUSLY PAID FOR	EXTRA			TIONAL FEE (\$)			TIONAL FEE (\$)
AMENDMENT	Total (37 OFR 1.16(3)	.3	7	Minus	- 37	=		х =		OR	х =	
욁	Independent (37 CFR 1.16(N))	5		Minus	- 5			x =		OR	x =	
ş	Application Size Fee (37 CFR 1.16(s))									-"		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)									OR	·	
								TOTAL ADO'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".												

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients; P.O. Box 1450, Alexandria, VA 22313-1450.